



APPLICATION FOR ADMISSION

Beach Cities Montessori
2233 El Segundo Blvd
El Segundo, CA.

Child's Name: _____ Date of Birth: _____

Male: _____ Female: _____

Home Address: _____

City/State/Zip code: _____

Home Phone Number: _____

Parent 1 Name: _____ Occupation: _____

Cell Number: _____ Work Number: _____

E-mail Address: _____

Parent 2 Name: _____ Occupation: _____

Cell Number: _____ Work Number: _____

E-mail Address: _____

Date of Desired Admission: _____

Program (Check one): Full Day _____ Half Day AM _____

I have enclosed non-refundable registration fee of \$250.00.

Please make checks payable to: Beach Cities Montessori or Zelle: shelly@beachcitiesmontessori.com

Signature: _____ Date: _____